MEDICAL EXEMPTION REQUEST FORM

THE NATIONAL HORSESHOE PITCHERS' ASSOCIATION

The *Official Rules of Horseshoe Pitching* states that "All Open Men and Senior contestants shall observe the 37-foot foul lines. Physically impaired males in these categories may be given permission by the governing NHPA officials to move onto the extended platforms and observe the 27 foot foul lines." (See Rule 3, Section A, number 2) The NHPA has further delegated the responsibility of this decision-making to the various State Associations for acceptance or denial. This form has been adopted by the NHPA and the steps of this process are outlined below. Please complete Parts I and IV of this form and send it to your Charter Secretary or the Charter officer in charge of Medical Exemptions.

PART I - BACKGROUND INFORMATION

I, _____, am applying for a medical exemption which would allow me to pitch horseshoes in NHPA sanctioned events from the 30 feet distance, instead of 40 feet, due to the following medical condition and other information described below which I proclaim to be true and accurate.

What is the name of this medical condition? _____

For how long have you had this condition? _____

Do you consider this condition to be permanent? _____

For how long have you pitched horseshoes? _____

What is your date of birth and current age? _____

Explain what area(s) of your body are affected and why this condition prevents you from being able to pitch from 40 feet.

(Add an additional page if necessary) _____

Have you seen a specialist about this medical condition? _____

If so, for how long have you been under his/her care? _____

Have you undergone surgery or other medical procedures for this condition? _____

Has surgery or any other medical procedure been recommended? _____

Do you have a current, handicap license plate or rear-view mirror placard granted by your State BMY? _____

If this medical exemption is denied, will you continue pitching from 40 feet? _____

The medical doctor most familiar with my medical condition is:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____

PART II - EXECUTIVE COUNCIL REVIEW

Copies of the above information will be circulated among the Executive Council members for review and voting. If two-thirds or more of the Council member agree, the exemption may be granted at this point. Council members may also defer their vote until after the *Medical Information and Professional Opinion Form* has been received from the attending physician. *Please Note:* As it may relate to the Medical Right to Privacy Act, all Charter council members have been directed to keep this medical information in strict confidence.

PART III - MEDICAL INFORMATION AND PROFESSIONAL OPINION

A separate medical questionnaire form may be sent to the attending physician for confirmation of the medical condition and for a professional opinion as it applies to the requested exemption.

PART IV - CONSENT FOR RELEASE OF MEDICAL INFORMATION

I hereby give permission for my medical doctor to release to the State HPA Executive Council, any medical information about my health condition as it may relate to this exemption request.

Signature of applicant _____
Address: _____
City: _____ State: _____ Zip Code: _____

Phone number: _____ NHPA card number: _____

(OVER)

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PART V – DECISION AND FOLLOW-UP

Upon receiving the completed medical form from the attending physician, the state officer in charge of medical exemption requests will re-circulate the combined forms among the State Executive Council Members for a final decision. Again, a two-thirds or greater vote will be required for acceptance of this medical exemption. The President of the Executive Council will notify the pitcher, in writing, of the Council's decision and (if granted) the pitcher may then, and only then, begin pitching in NHPA sanctioned events from the shorter distance. Re-qualification at this shorter distance may also be necessary (see Rules/Bylaws). Although it is expected that this will be a long-term exemption, the State Executive Council reserves the right to review and/or withdraw the medical exemption at any time.

Form M
Revised 9/15/2020
bjp

MEDICAL INFORMATION AND PROFESSIONAL OPINION
THE NATIONAL HORSESHOE PITCHERS' ASSOCIATION

Dear Doctor

As you may know, horseshoe pitching is a nationally organized sporting event with an official set of rules, a patient of yours, has requested a medical exemption based on the information in Rule 3, Section A, number 2 of the NHPA Rules (see top of request form) and has given permission (see Part IV of request form) for you to complete this form and send your responses to the State HPA Executive Council. This exemption, if granted, would allow him to pitch from a· shorter distance of 30 feet before reaching the age of 70; when men are officially given the option of pitching from this shorter distance. Your patient has completed Parts I and IV of the *original request form, enclosed here.* Please look over this information and then respond to the questions below. We need this additional information and your professional opinion before we can act upon his request. Please return this completed form in the enclosed, addressed/stamped envelope. Thanks in advance for your help!

What is the name of this medical condition? _____

What area(s) of the body are affected? _____

For how long has this condition existed? _____

For how long have you treated the patient for this condition? _____

Do you consider this condition to be permanent? _____

Have other treatments been recommended by you? _____

Has this patient discussed with you the possibility of a medical exemption, which would allow him to pitch horseshoes from a shorter distance? _____

Here is some additional information that may be helpful in your better understanding of how the physical requirements of horseshoe pitching could be affected by this exemption:

The amount of walking may remain about the same, but could be greater since 30-foot pitchers may be required to return to the area of the stake while their opponent pitches.
The amount of bending, stooping, etc. required for the retrieval and measurement of shoes should remain the same.
The amount of physical force required to pitch the horseshoe a shorter distance will be less.
Note: A horseshoe weighs about 2 ~ pounds and is pitched underhanded, as in softball.

In your professional opinion, will pitching a 2~pound horseshoe from a distance of 40 feet more seriously aggravate this pitcher's medical condition than pitching it from a distance of 30 feet? _____
In your professional opinion, does this medical condition significantly limit this pitcher's ability to pitch from a distance of 40 feet? _____
If this medical exemption is not granted, will you recommend that this patient give up horseshoe pitching as an activity? _____

Other comments:

Signature of Physician _____ Date _____

Form M - 2/03 - drs
Revised - 2/06 - drs